

Name  
in  
Full

Theodore Mayer Albert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

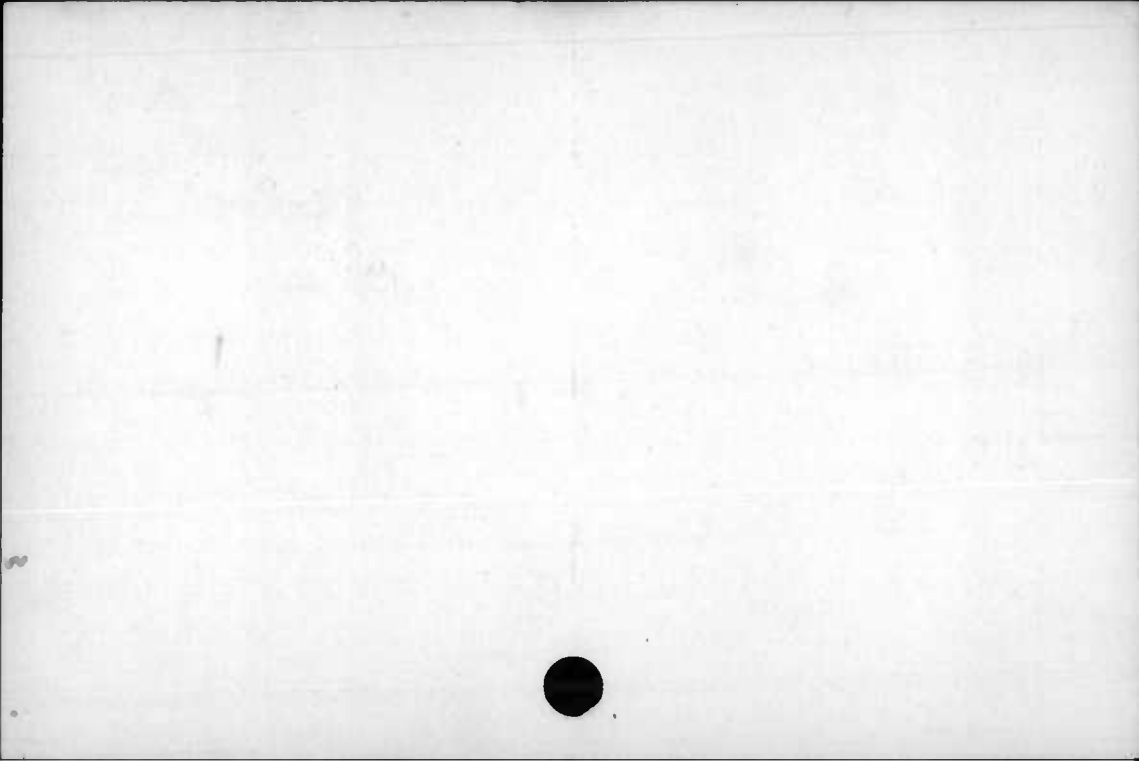
Died at <i>Ocean City</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death <i>1907 June 26<sup>th</sup></i>		Month		Day		Age		Months <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ocean City</i>					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>J. P. Albert</i>		Father's Birthplace <i>Baltimore</i>							
Mother's Maiden Name <i>M. B. Albert</i>		Mother's Birthplace <i>"</i>							
Name of person giving information <i>J. P. Albert</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth 8 1/2 mos</i>		How long <i>Life</i>	
Immediate <i>Heart Dis. (Patent Foramen Ovale)</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. E. Neale</i>	
		Address <i>108. E. Read St. Balt.</i>	
Accident or Suicide?			



Name  
in  
Full

Lewis Edw. Boehm

## CERTIFICATE OF DEATH

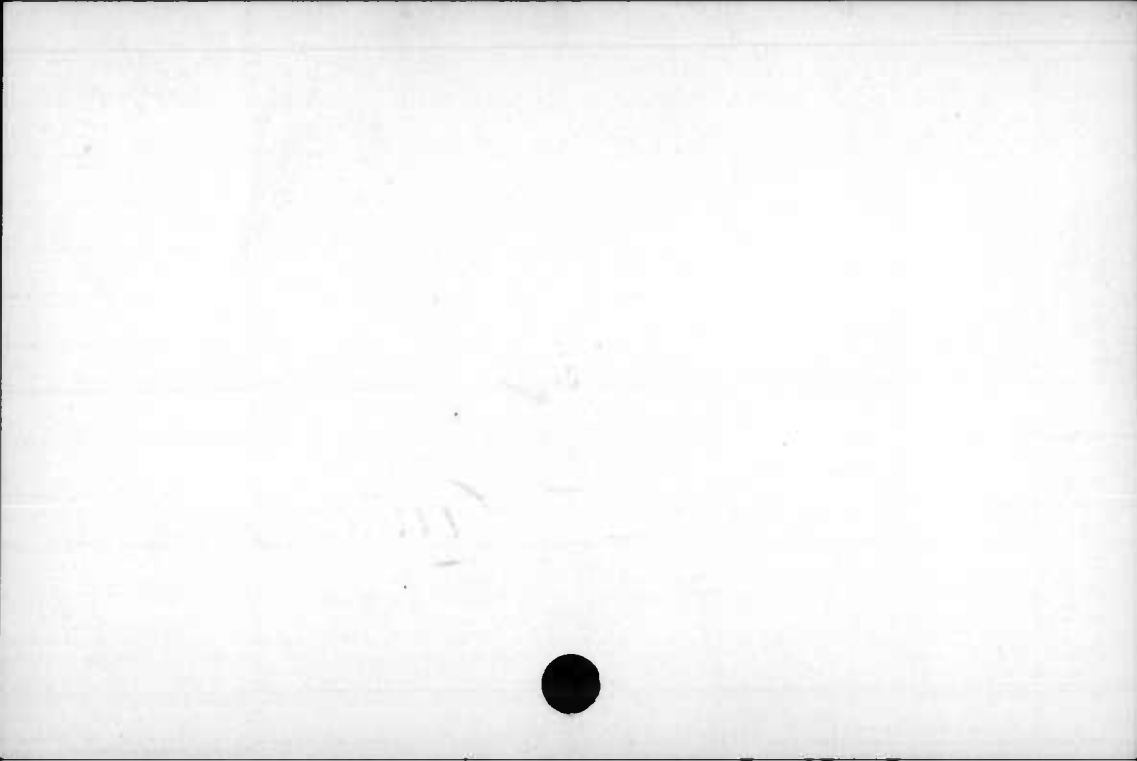
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i> <sup>Town</sup>		<i>Morcesville</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>2</i>	Age <i>64</i>	Months <i>5</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balti, Md</i>		
Occupation <i>Painter &amp; Paper Hanger</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louisa W Boehm</i>				
Father's Name <i>Lewis Christian Boehm</i>	Father's Birthplace <i>Balti Md</i>				
Mother's Maiden Name <i>Eusan Fitchfield Daise</i>	Mother's Birthplace <i>Richmond Va</i>				
Name of person giving information <i>Harold Boehm</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Over a year</i>
Immediate <i>Uremia</i>	How long <i>about 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Katie Buntingham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	June	Day	12
Age	35	Years		Months	
Sex	female	Color or Race	white	Birth-place	Ind
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Ephraim Buntingham		Father's Birthplace		
Mother's Maiden Name	Sallie Brown		Mother's Birthplace		
Name of person giving information	E T Buntingham		How related to deceased		
			Half mother		

## CAUSES OF DEATH

Primary	Consumption	(27)	How long	27 years
Immediate	Gradual exhaustion		How long	

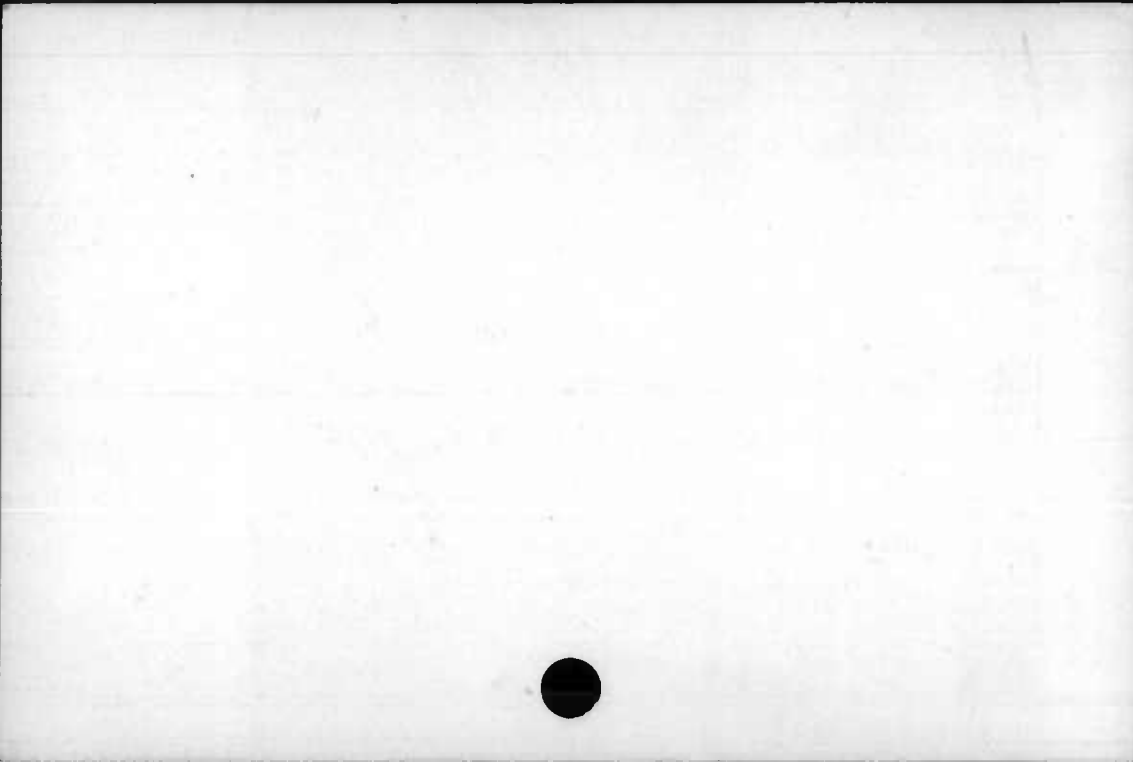
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Lane Jones  
Snow Hill Ind

Accident or Suicide?



Name  
in  
Full

William Adams Costen

## CERTIFICATE OF DEATH

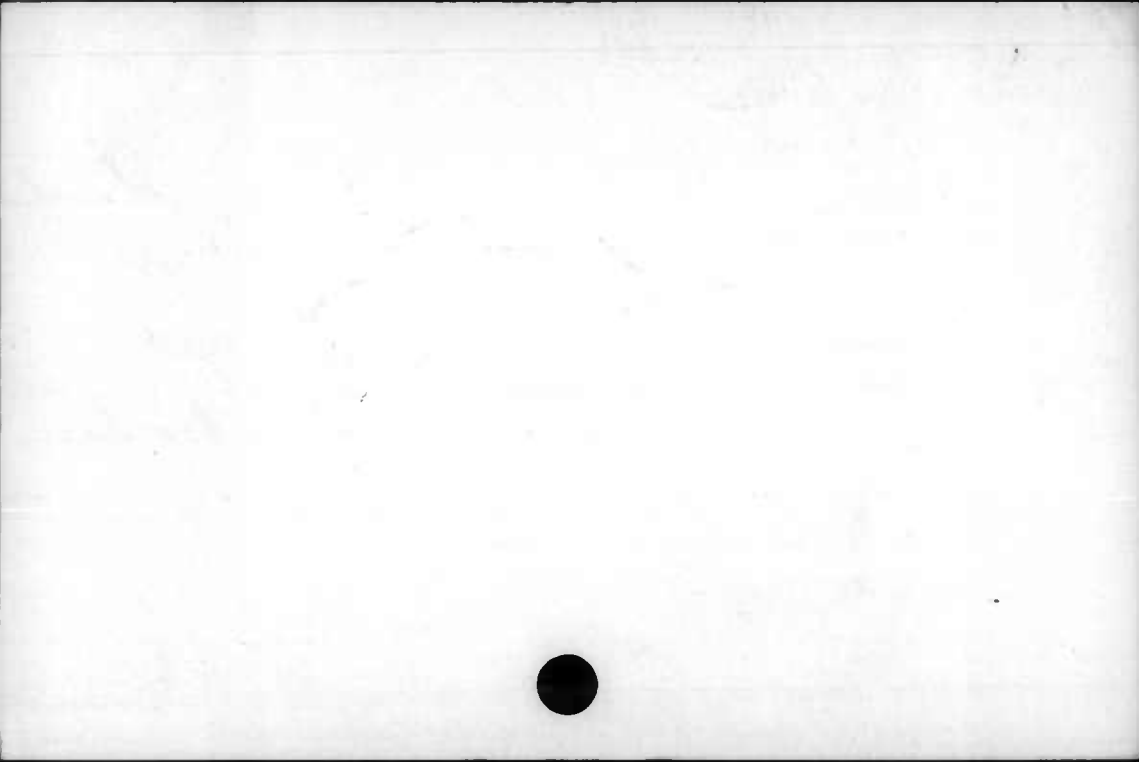
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke City</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	June	Day	27
Age	33	Years		Months	3
Sex	Male	Color or Race	White	Birth-place	Pocomoke City
Occupation	Chemist + Perfumer		Where Residing if not at place of death		
<input checked="" type="checkbox"/> Single	Name of Wife or Husband				
Father's Name	Isaac Thomas Costen M.D.			Father's Birthplace	Somerset Co. Md.
Mother's Maiden Name	Olivia Adams			Mother's Birthplace	Somerset Co. Md.
Name of person giving Information	Addie F. Costen			How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(27)	How long	
Immediate	Consumption	How long	9 years
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. L. T. Costen</i> <i>Pres. A. F. C.</i>		
<i>So far as I know</i>	Address <i>Pocomoke City</i> <i>Md.</i>		
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

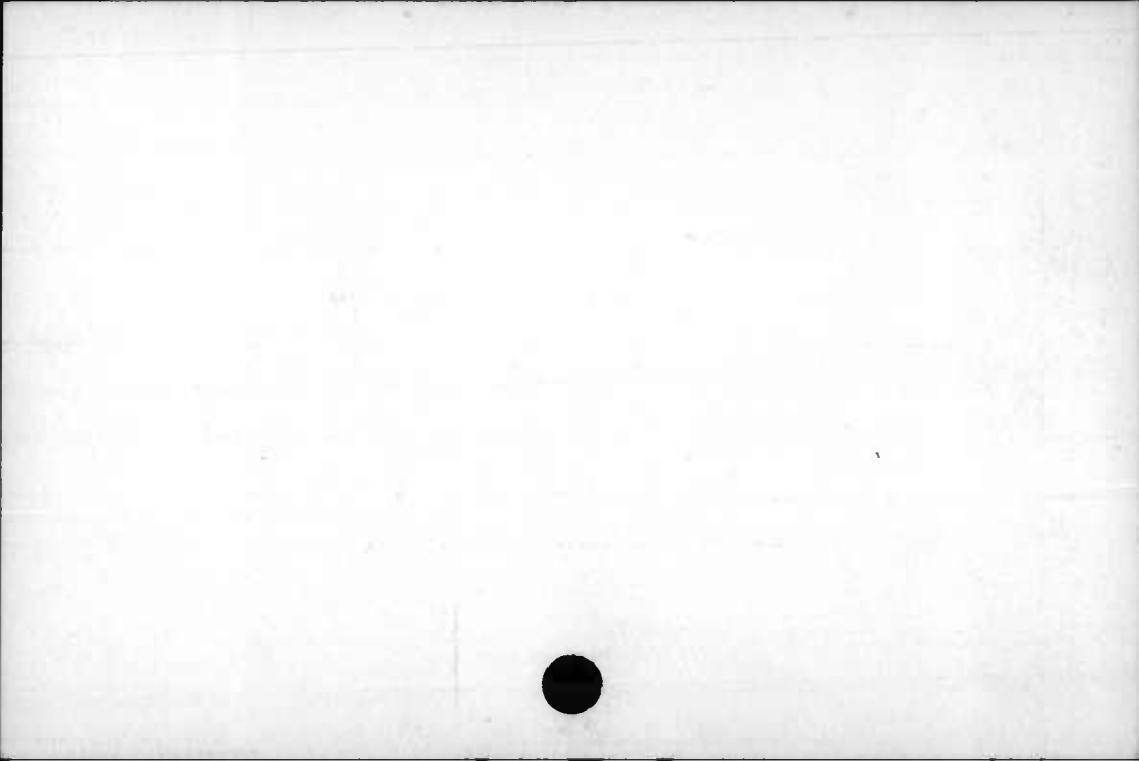
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lodie Davis</i>		Town <i>Stockton</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>Stockton</i>		Month <i>June</i>		Day <i>17</i>		Years <i>21</i>	
Date of death <i>1907</i>		Months <i>11</i>		Days <i>11</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joshua Davis</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sallie Merritt</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>James Davis</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Killed</i>	<i>163</i>	How long <i>Immediate</i>
Immediate <i>Suicide</i>		How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Jos. D. Dickerson</i>	
	Address <i>Stockton</i>	
Accident or Suicide? <i>Suicide</i>	<i>Worcester Co.</i>	



Name  
in  
Full

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CERTIFICATE OF DEATH

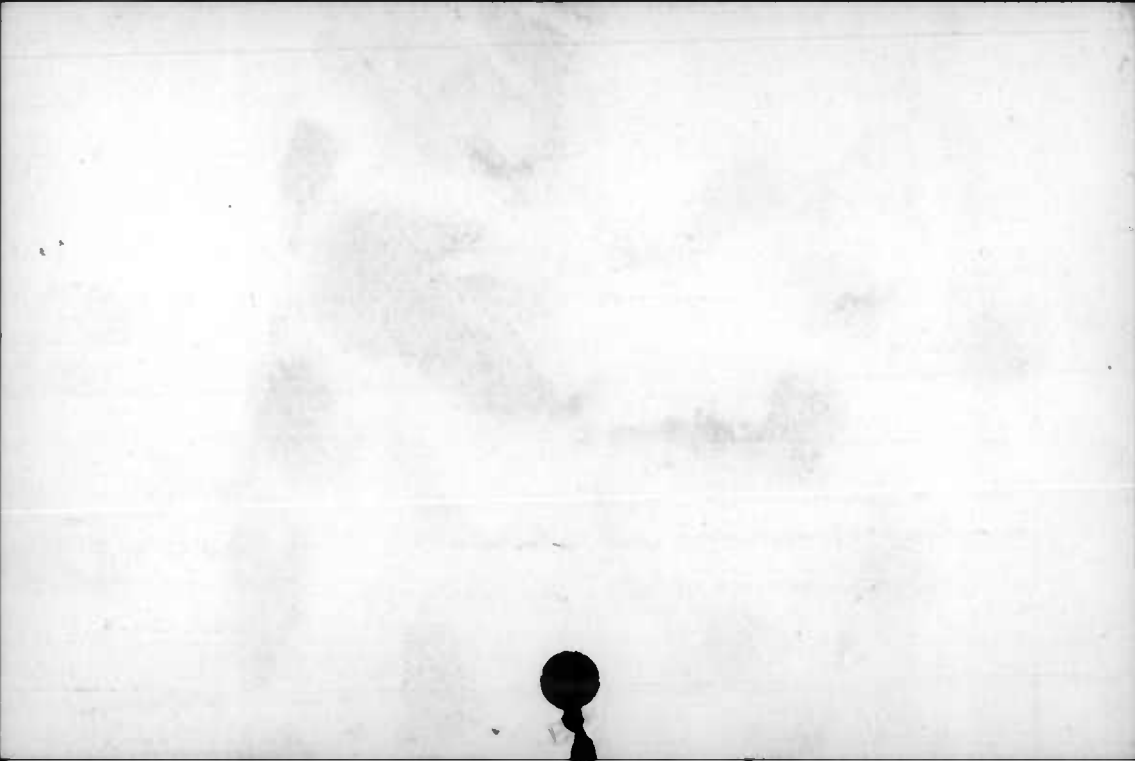
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pocomoke city</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Jun</i> <sup>Month</sup>	<i>20</i> <sup>Day</sup>	Age	<i>15</i> <sup>Months</sup>	<sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Worcester Co</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>Pocomoke city</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>George Dyer</i>		Father's Birthplace <i>Worcester Co</i>			
Mother's Maiden Name <i>Mary Aydelott</i>		Mother's Birthplace <i>11</i>			
Name of person giving information <i>Peter Aydelott</i>		How related to deceased <i>uncle</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measels</i>	How long <i>two weeks</i>
Immediate <i>Pneumonia &amp; Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sam'l S. Lunn</i>
	Address <i>Pocomoke city</i>
Accident or Suicide?	



Name  
in  
Full

Aurie Fassell-Drummond.

## CERTIFICATE OF DEATH

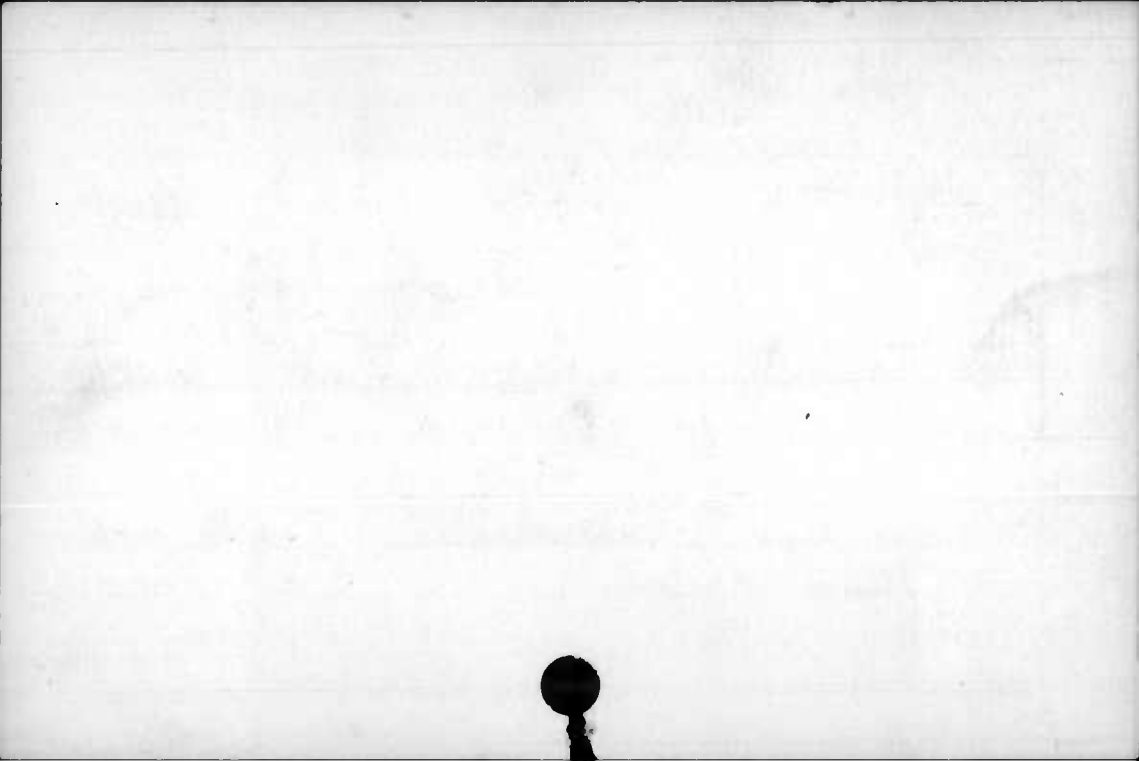
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>7</u>	Month <u>June</u>	Day <u>16</u>	Age <u>47</u>	Years <u>3</u>	Months <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Deepwater</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, <del>Single</del> or <del>Widowed</del>		Name of <del>Wife</del> or Husband <u>W. D. S. Drummond</u>			
Father's Name <u>Thomas S. Lindsay</u>		Father's Birthplace <u>Lindsayville</u>			
Mother's Maiden Name <u>Mary J. Collins</u>		Mother's Birthplace <u>Snow Hill</u>			
Name of person giving information <u>Josephine Drummond</u>		How related to deceased <u>Daughter</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 yrs.</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. D. Dickerson</u>
	Address <u>Stockton Worcester Co.</u>
Accident or Suicide?	



Name  
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Full

Joshua J. Denton

CERTIFICATE OF DEATH

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NEAREST FRIEND

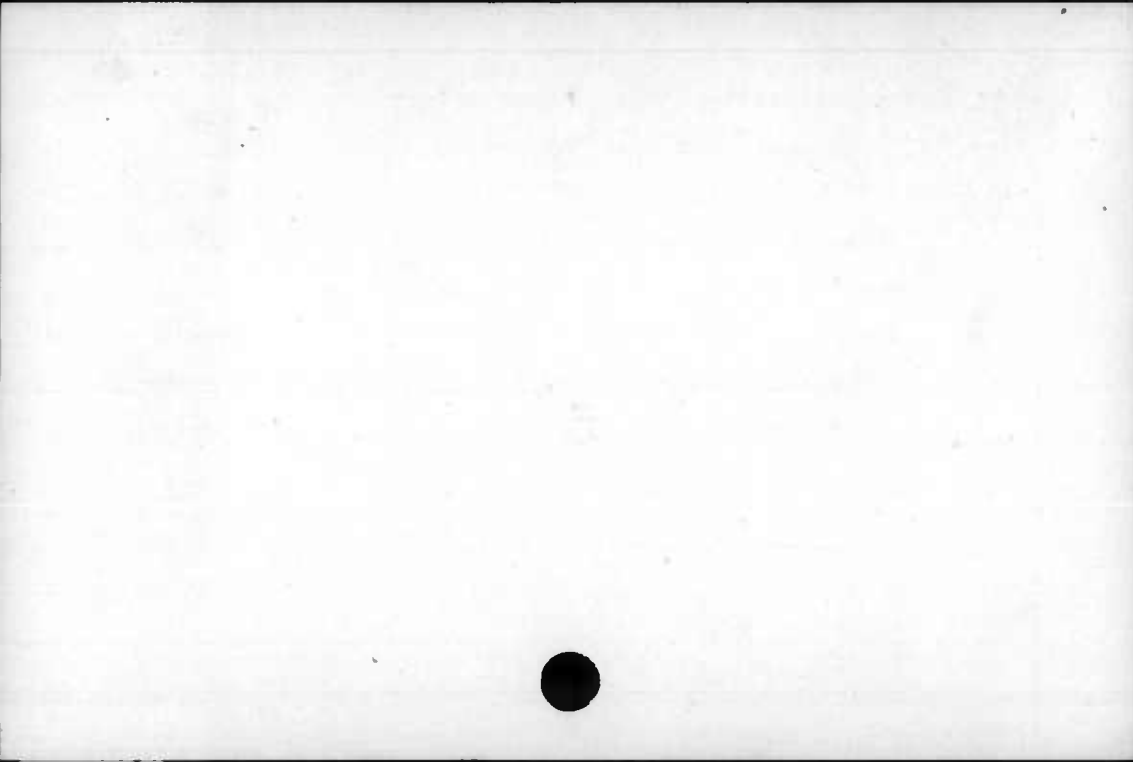
Died at		Town Prosser		County Dorchester		MARYLAND	
Date of death	1907	Month 6	Day 22	Age 48	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Ind.
Occupation	Life Saving Service			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mollie A Denton			
Father's Name	Joshua Denton			Father's Birthplace	Ind.		
Mother's Maiden Name	Sadakie Gaydelotte Payne			Mother's Birthplace	Ind.		
Name of person giving Information	Dr. M. H. Wagner			How related to deceased	Brother in Law.		

CAUSES OF DEATH

(80)

PHYSICIAN  
OR CORONER

Primary	Angina Pectoris		How long	10 months
Immediate	Heart Failure		How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	I. M. Willis
			Address	Prosser City
Accident or Suicide?				





Name  
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Full

Charlotte H. Hooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Newark</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>5th</i>	Years <i>70.</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Worcester Co md</i>				
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Near Newark Worcester Co md</i>					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Josh Hooks</i>						
Father's Name <i>Jessie Dennis</i>	Father's Birthplace <i>Worcester Co md</i>						
Mother's Maiden Name <i>Hettie Dennis</i>	Mother's Birthplace <i>Worcester Co md</i>						
Name of person giving information <i>John D. Hooks</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart disease</i>	How long <i>Instantly</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Shorefield Md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

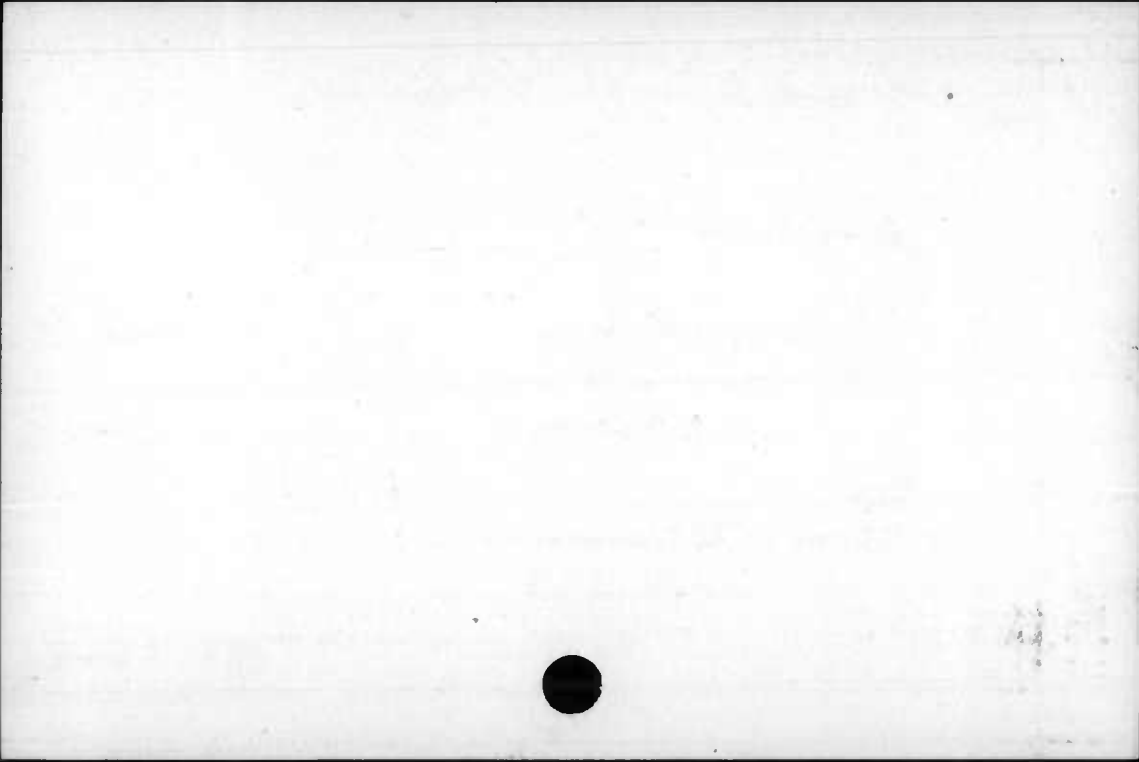
Died at <i>Emory M Henry</i>		Town <i>Showells</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>22</i>	Age	Years	Months <i>7</i>	Days	
Sex <i>Male</i>	Color or Race <i>Blk.</i>		Birth-place <i>Ind</i>				
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>				
Father's Name <i>John Henry</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Lena Hammond</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>J E Weiss</i>			How related to deceased <i>_____</i>				

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Martin</i>
		Address <i>Salbyville</i>
Accident or Suicide?		<i>Dr.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Promoth City

Town

Age

Years

Months

Days

Date

of death 1907

Month

June

Day

12

Sex

male

Color or  
Race

colored

Birth-  
place

Promoth City

Occupation

infant

Where Residing if not  
at place of death

11

11

Married, Single  
or WidowedName of Wife or  
Husband

—

Father's  
Name

Elijah Holden

Father's  
Birthplace

Worchester Co

Mother's  
Maiden Name

Amanda Lane

Mother's  
Birthplace

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Name of person giving  
In formation

Chas Ballard

How related  
to deceased

Uncle

## CAUSES OF DEATH

74

Primary

Brain Trouble

How long

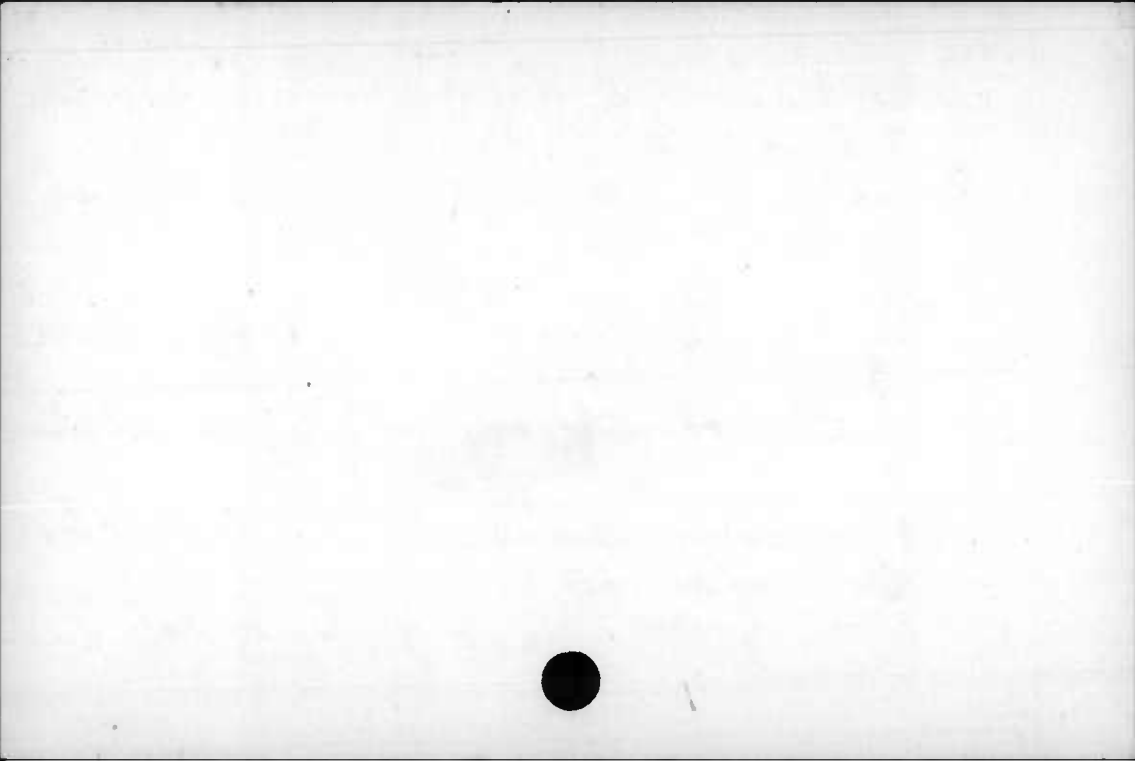
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Bertha Holland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

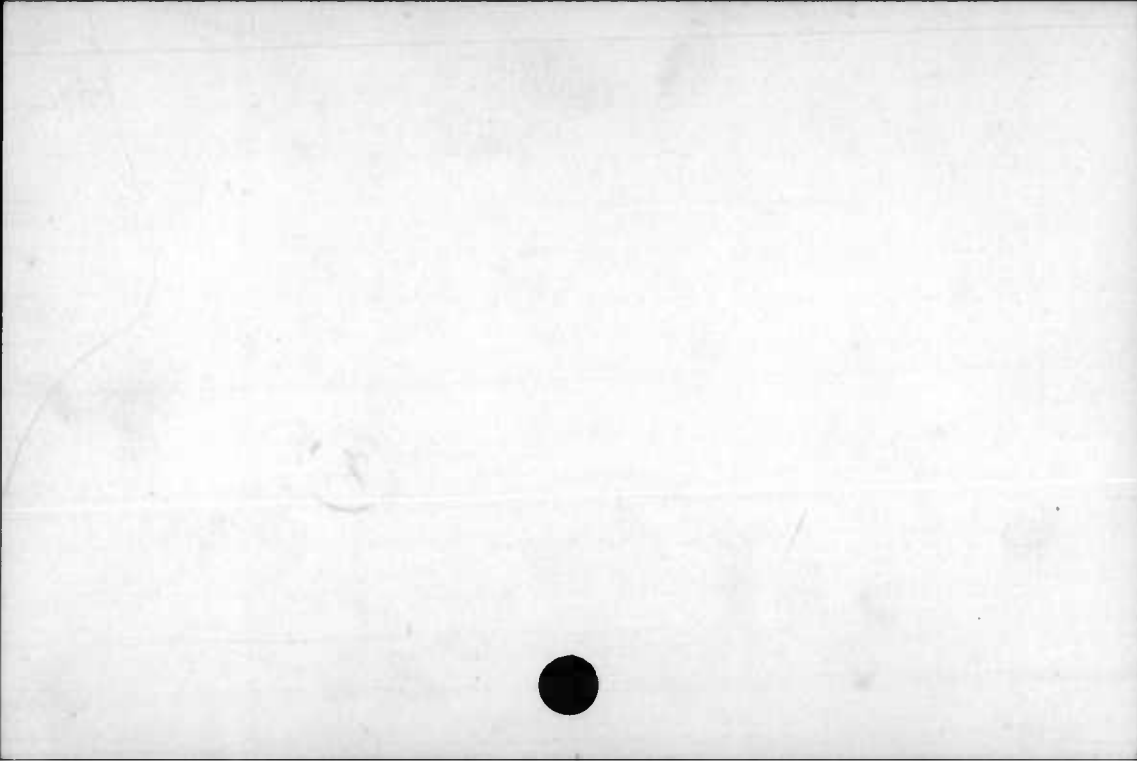
Died at <i>Stockton</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1907 June</i> <small>Month</small>		<i>2</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Maryland</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry Holland</i>		Father's Birthplace <i>New Jersey</i>			
Mother's Maiden Name <i>Eva Palmer</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Amos Allen</i>		How related to deceased <i>no relation</i>			

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>4 weeks</i>
Immediate <i>Convulsions</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Dickerson, M.D.</i>
	Address <i>Stockton, Md.</i>
Accident or Suicide?	<i>Worcester Co.</i>





Name  
in  
Full

George W Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

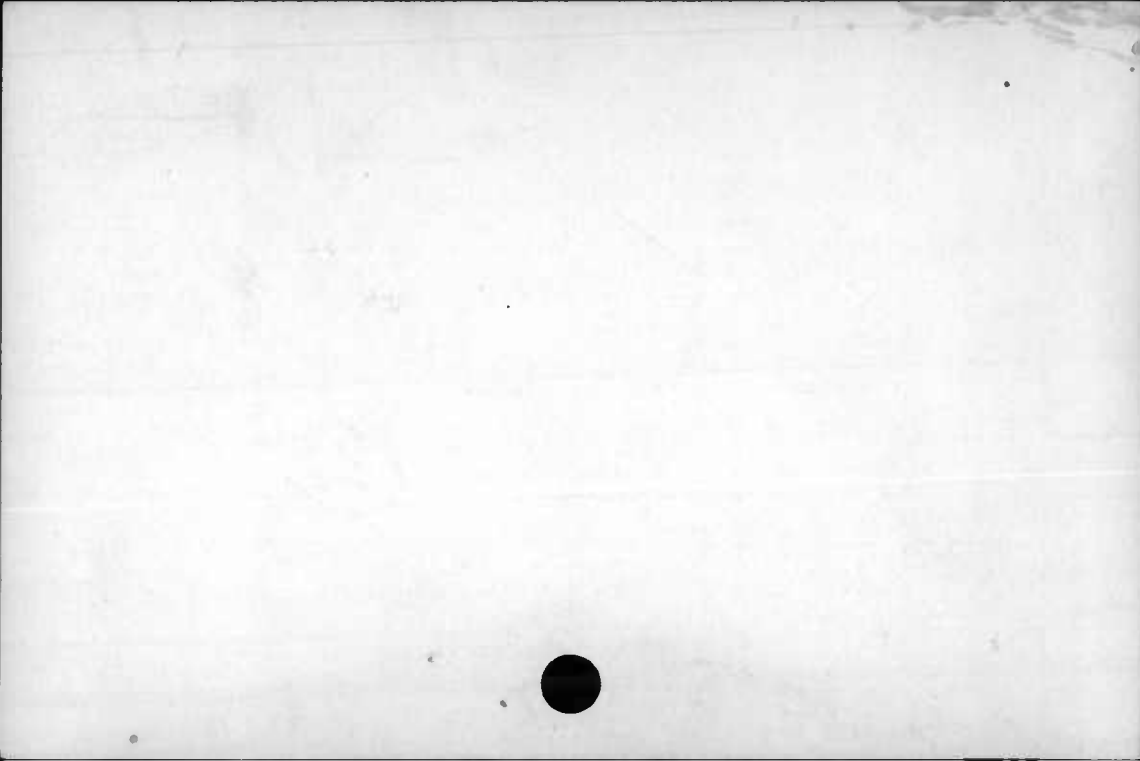
Died at			Town		County		MARYLAND		
Date of death	1907	Month	6	Day	5	Age	Years	36	
						Months		2	
Sex		male		Color or Race		white		Birth-place	md.
Occupation				Where Residing if not at place of death					
Flarming				-					
Married, <del>Yes</del> or <del>Widowed</del>			Name of Wife or Husband						
			Zella Ridda						
Father's Name			Geo. E. Howard			Father's Birthplace			md.
Mother's Maiden Name			Susan Ann Watson			Mother's Birthplace			md.
Name of person giving Information			Geo E Howard			How related to deceased			father

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Asthma	How long	5 years
Immediate	Tuberculosis & Hemorrhage	How long	3 years
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		F J Coates	
Address		Pocomoke Md	
Accident or Suicide?			



Name  
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Full

Ellen Madison

CERTIFICATE OF DEATH

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NEAREST FRIEND

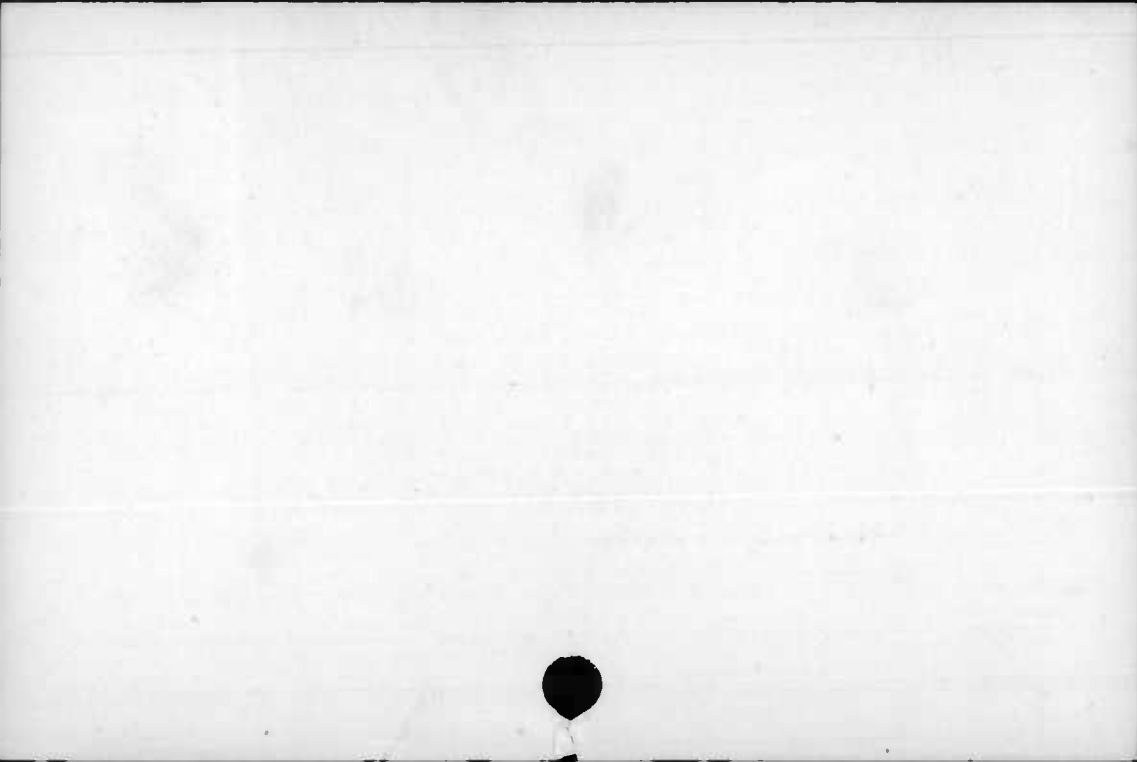
Died at <u>Bishop B. H. Bates</u>		Town <u>Worcester</u>		County		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>3</u>	Years <u>26</u>	Age		Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>				
Occupation <u>House work</u>	Where Residing if not at place of death <u>At Home</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Frank Madison</u>						
Father's Name <u>Miss Malloway</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Sarah Madison</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>Uza Law</u>	How related to deceased <u>None</u>						

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Consumption</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. C. C. C. C.</u>
<u>Yes</u>	Address <u>Bishopville</u>
Accident or Suicide?	<u>no</u>



Name  
in  
Full

Euphemia Harmon

## CERTIFICATE OF DEATH

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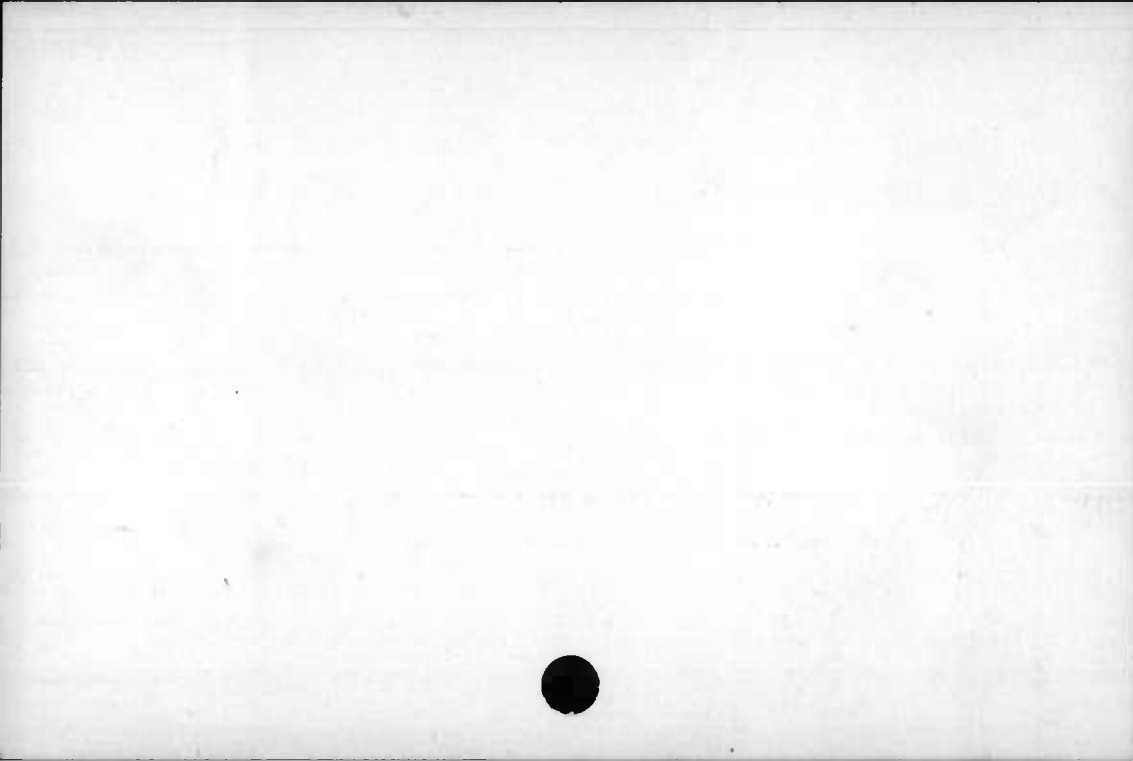
Died at <u>Berlin</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>June</u> <sup>Month</sup>	<u>14</u> <sup>Day</sup>	<u>87</u> <sup>Years</sup>	<u>2</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Engl</u>		
Occupation <u>Had none</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Annamia Harmon</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>		Mother's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>unknown</u>	How related to deceased <u>None</u>				
Name of person giving information <u>E. Wise</u>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Phthisis Pulmonalis</u>	How long <u>several years</u>
Immediate <u>Phthisis Pulmonalis</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James Pitts</u>
	Address <u>Berlin, Md</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Mary Olivia Johnson

## CERTIFICATE OF DEATH

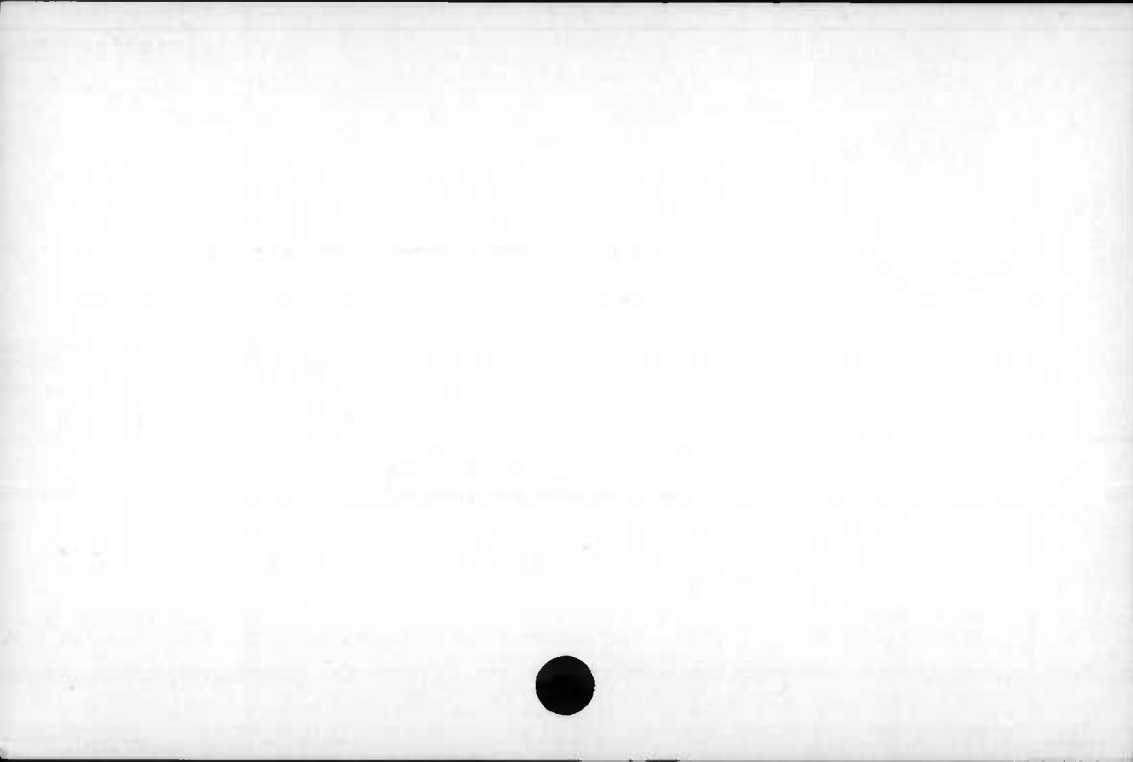
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i> <sup>Town</sup>		<i>Pror, Co</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>12</i>	Age <i>45</i> Years	Months —	Days —
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Pror, Co, Md</i>	
Occupation <i>Invalid for years</i>		Where Residing if not at place of death —			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>Charles D. Johnson</i>		Father's Birthplace <i>Pror, Co, Md</i>			
Mother's Maiden Name <i>Lreak Jane Tilghman</i>		Mother's Birthplace <i>Princetons Co, Md</i>			
Name of person giving Information <i>Lreak Jane Johnson</i>		How related to deceased <i>mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer Rectum</i>	How long <i>8 mo</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	





Name  
in  
Full

Garrison Keas

CERTIFICATE OF DEATH

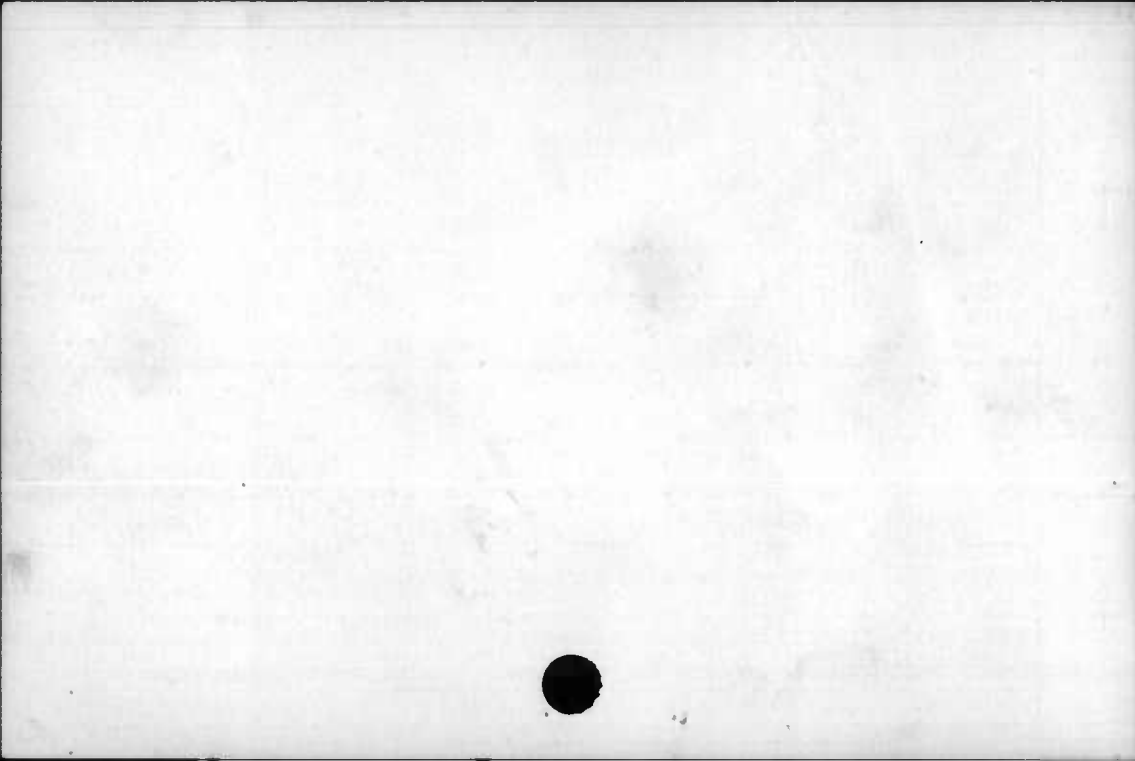
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Berlin</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>26</u>	Age <u>81</u>	Years <u>5</u>	Months <u>5</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>			
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Jennie Keas</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Jos. Y. Keas</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer of foot</u>	<u>44</u>	How long <u>4 years</u>
Immediate <u>Cancer of foot</u>		How long <u>4 years</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Jos. Y. Keas</u>	
	Address <u>Berlin, Maryland</u>	
Accident or Suicide? _____		



Name  
in  
Full

## CERTIFICATE OF DEATH

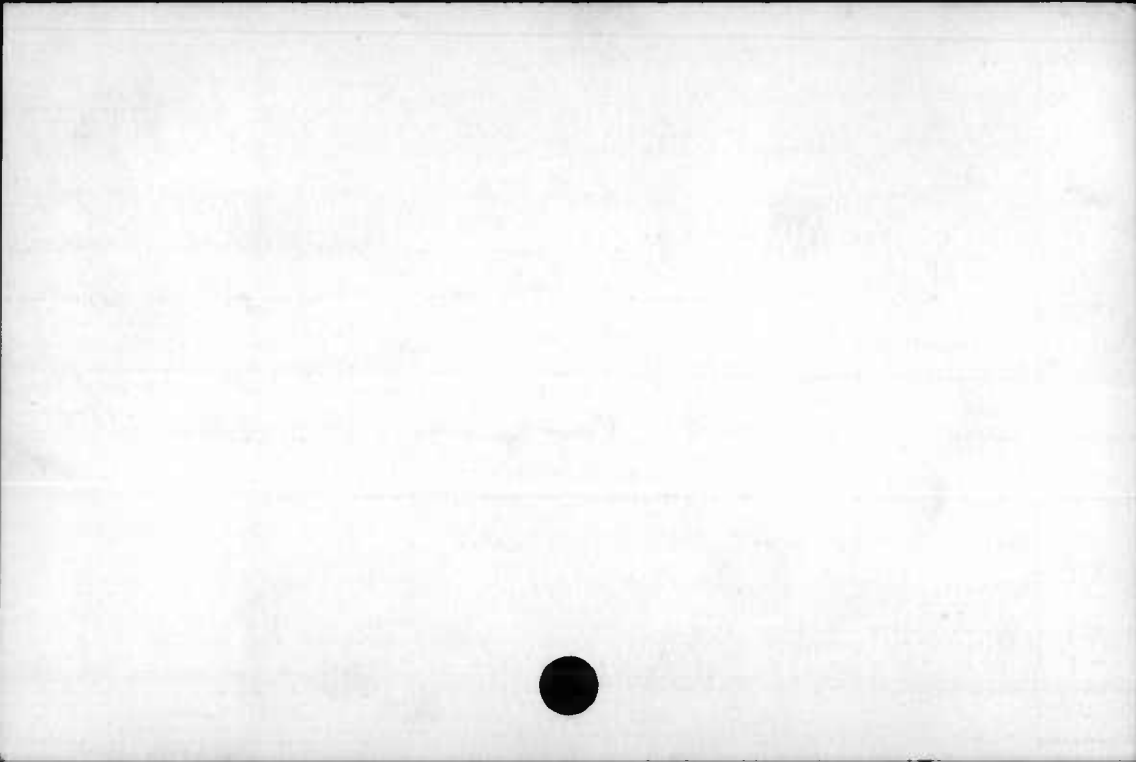
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>30</i>	Age <i>76</i>	Years	Months <i>8</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>None (Retired)</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband <i>George T. Matthews</i>				
Father's Name <i>George Hudson</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Julia Ann Dymock</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Julia M. Roper</i>			How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>about one hour</i>
Immediate <i>Paralysis</i>	How long <i>few moments</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Law Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Name  
in  
Full

Mary Emma Parker

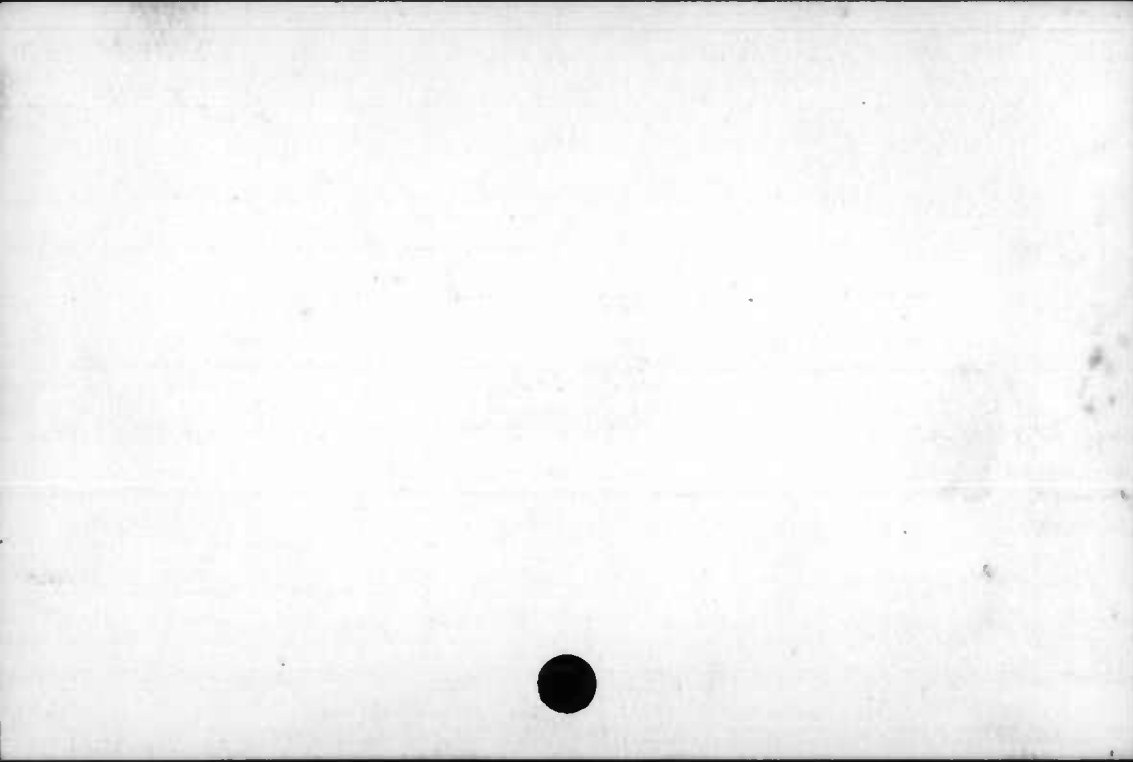
## CERTIFICATE OF DEATH

MARYLAND

Died at		Town Snow Hill		County Morcester			
Date of death		1907	Month June	Day 11th	Age 57	Months	Days
Sex Female		Color or Race colored		Birth-place Snow Hill Maryland			
Occupation House Wife		Where Residing if not at place of death Snow Hill Maryland					
Married, Single or Widowed Widow		Name of Wife or Husband James Parker					
Father's Name Obediah D. Johnson		Father's Birthplace Morcester Co Md.					
Mother's Maiden Name Margaret Price		Mother's Birthplace Morcester Co Md.					
Name of person giving information Lottie Parker		How related to deceased Daughter					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Lagrippe	How long	4 weeks
	Immediate	Tuberculosis	How long	8 mos
	Are the name, age, sex, color, date and place correctly given above?		Yes.	
	Signature of Physician		John L. Giley, M.D.	
	Address		Snow Hill Md.	
Accident or Suicide?		No		



Name  
is  
Full

CERTIFICATE OF DEATH

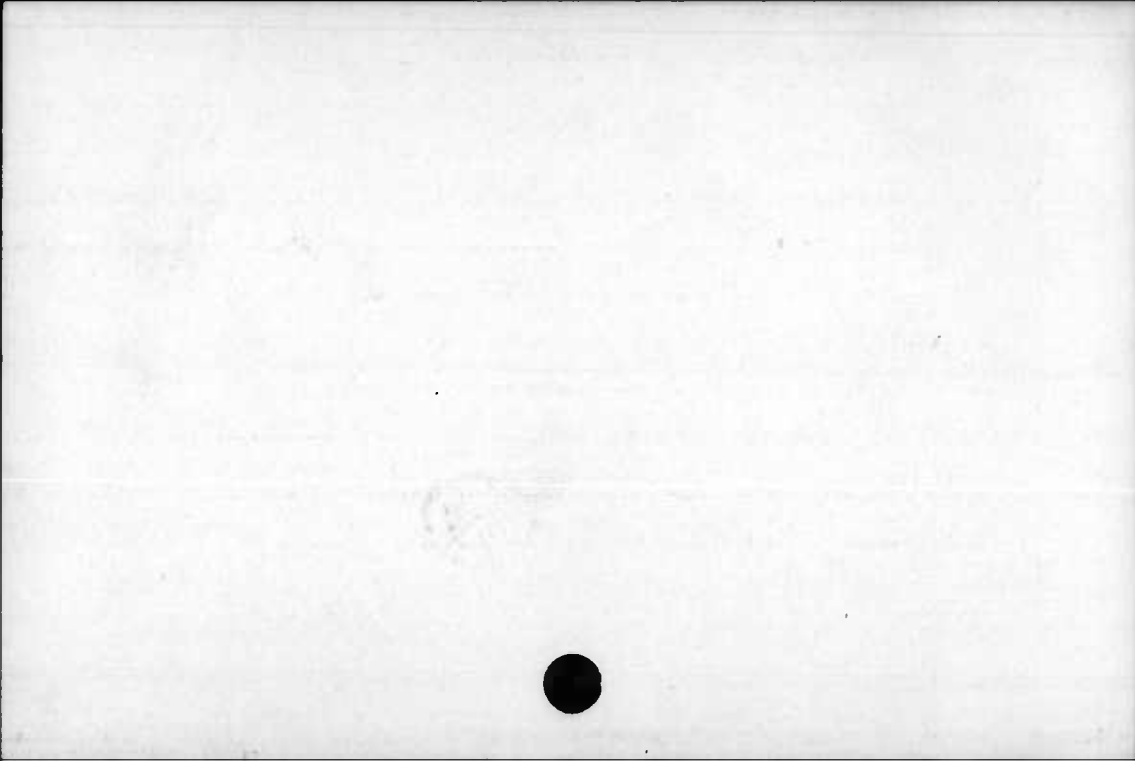
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		STATE <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>13</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Snow Hill Md</i>				
Occupation <i>Iron</i>	Where Residing if not at place of death <i>Snow Hill and</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>William J. Parker</i>	Father's Birthplace <i>Snow Hill Md</i>						
Mother's Maiden Name <i>Gracie Parker</i>	Mother's Birthplace <i>Stocketon Md</i>						
Name of person giving information <i>William J. Parker</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Necrosis</i>	How long <i>2 mos</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill Md.</i>
Accident or Suicide?	<i>Md.</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Phillips</i>		Town <i>Greenhill</i>		County <i>Throckmole</i>		MARYLAND	
Died at <i>Greenhill</i>		Date of death <i>1907 June 26</i>		Age <i>about 80</i>		Months Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>James Phillips</i>		Father's Birthplace <i>✓</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>✓</i>					
Name of person giving information <i>George W. Phillips</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Throat</i>	How long <i>15 months</i>
Immediate <i>C. Pharyngeal</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Pocomoke City</i>
Accident or Suicide? <i>✓</i>	



Name in Full <b>Marion Picken</b>		CERTIFICATE OF DEATH	
Died at <b>Pocomoke</b>		County <b>Worcester</b>	
Date of death <b>1907</b>		Month <b>6</b>	
Day <b>30</b>		Age <b>3</b>	
Sex <b>male</b>		Color or Race <b>white</b>	
Occupation <b>none</b>		Where Residing if not at place of death <b>Pocomoke</b>	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <b>Andrew Picken</b>		Father's Birthplace <b>Ind.</b>	
Mother's Maiden Name <b>Cassie Lee</b>		Mother's Birthplace <b>Ind.</b>	
Name of person giving Information <b>—</b>		How related to deceased <b>—</b>	
CAUSES OF DEATH			
Primary <b>myocardial</b>		How long <b>2 min</b>	
Immediate <b>Exhaustion</b>		How long <b>8 or more weeks</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>H. W. Wells</b>	
		Address <b>Pocomoke City</b>	
Accident or Suicide?			



Name  
in  
Full

James Handy Purnell

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Snow Hill

Worcester

Date

1907

Month

June

Day

23

Years

Age one

Months

~~Five~~

Days

nine

Sex

Male

Color or  
Race

Colored

Birth-  
place

Snow Hill

Occupation

Where Residing if not  
at place of death

Snow Hill, Md.

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Louis James Purnell

Father's  
Birthplace

Snow Hill Md.

Mother's  
Maiden Name

Rosa Bell Waters

Mother's  
Birthplace

Lindtree Md.

Name of person giving  
Information

Louis J Purnell

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tuberculosis.

(27)

How long

4 mos

Immediate

..

How long

..

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

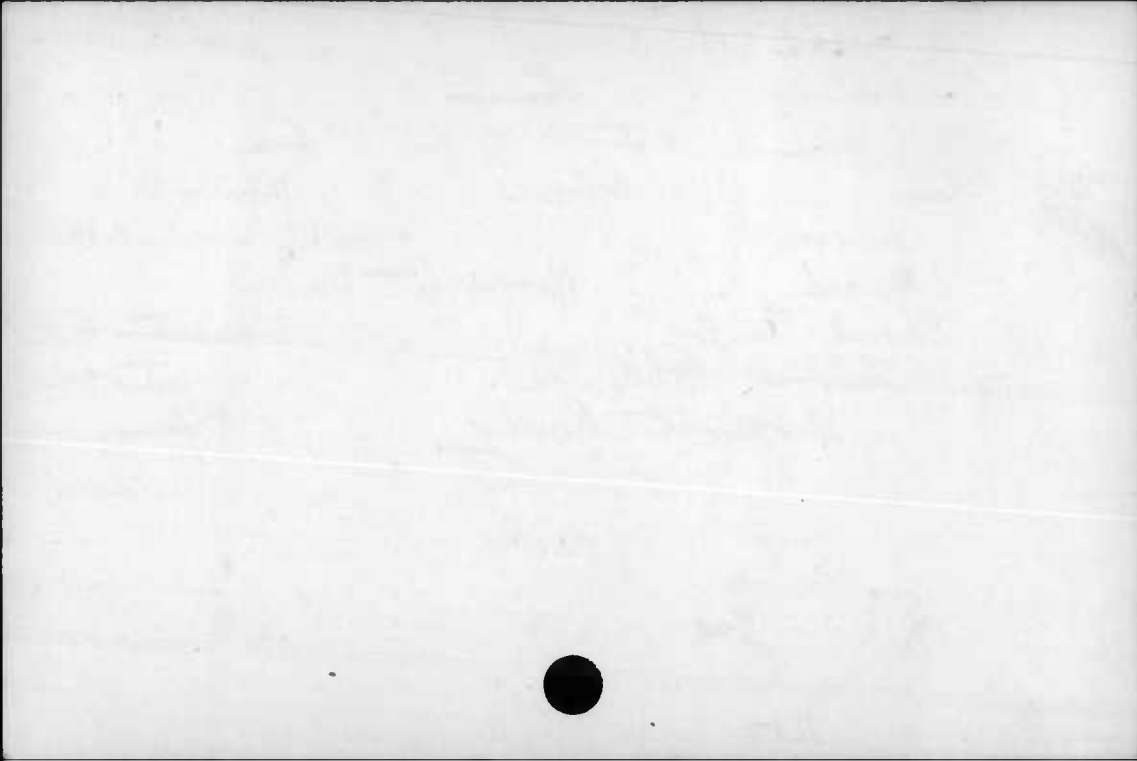
John L. Riley

Snow Hill

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	June	Day	18th
Age		77 yrs		Months	Six
Sex	male		Color or Race	colored	
Occupation	Laborer		Birthplace	Worcester Co Md	
Where Residing if not at place of death		Snow Hill Worcester Co Md			
Married, Single or Widowed	Married		Name of Wife or Husband	Margaret Rowley	
Father's Name	Edward Rowley		Father's Birthplace	Worcester Md	
Mother's Maiden Name	Tabbie Whitten		Mother's Birthplace	Worcester Md	
Name of person giving information	Margaret Rowley		How related to deceased	Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	(66)	How long	2 yrs
Immediate				
Are the name, age, sex, color, date and place correctly given above?	Yes			
Signature of Physician	No Physician			
Address	[Redacted]			
Accident or Suicide?	No			





Name  
in  
Full

Nellie Rowley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

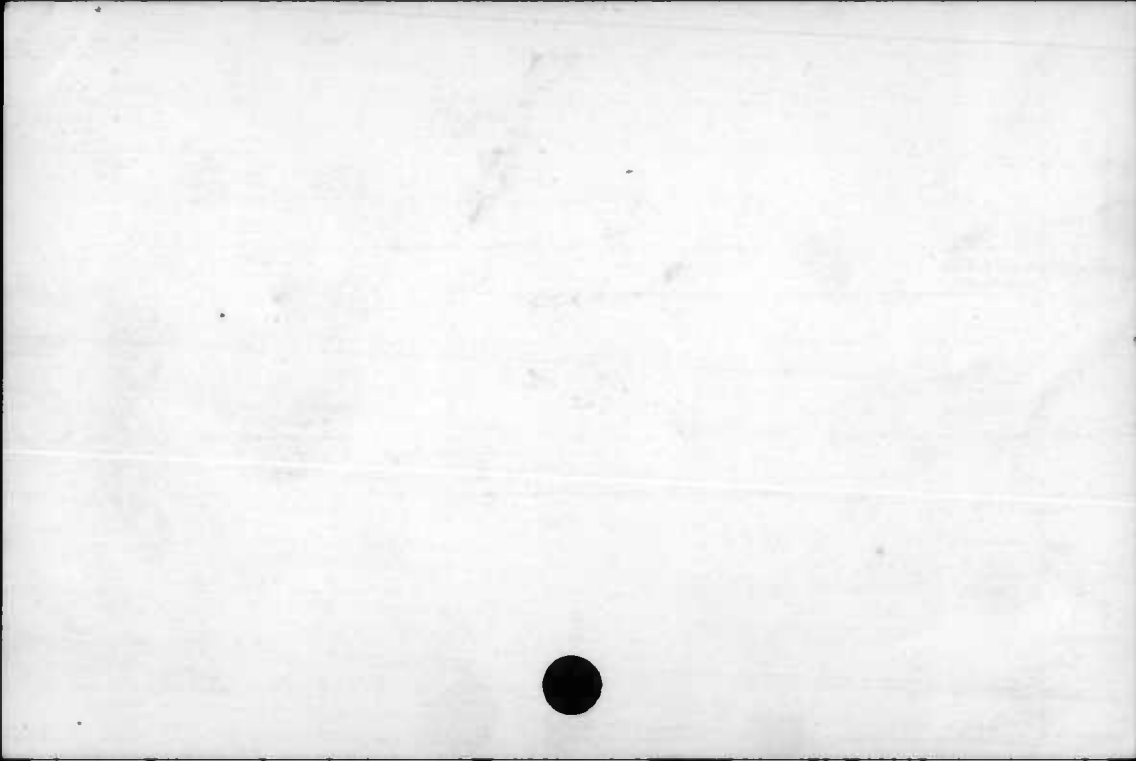
Died at <i>Girdletre</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>June</i>	Day	<i>7</i>
Age		Years		Months	Days
<i>1</i>		<i>—</i>		<i>1</i>	<i>15</i>
Sex	<i>Female</i>	Color or Race	<i>Negro</i>		
Birth-place	<i>Girdletre, Md</i>				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>John C. Rowley</i>		Father's Birthplace	
Mother's Maiden Name		<i>Cora Gillett</i>		Mother's Birthplace	
Name of person giving information		<i>John C. Rowley</i>		How related to deceased	
				<i>Father</i>	

## CAUSES OF DEATH

(8)

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>2 weeks</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John L. Riley</i>	
		Address	
		<i>Snow Hill.</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Larrah H. Shornell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Berlin Town

County

Worcester

MARYLAND

Date of death 1907 June

Month

Day

17

Age

Years

4

Months

Days

Sex FemaleColor or  
RaceBlackBirth-  
placeMaryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameLuan ShornellFather's  
BirthplaceMarylandMother's  
Maiden NameMehaly ShornellMother's  
BirthplaceMarylandName of person giving  
In formationLarrah ShornellHow related  
to deceasedGrandmother

## CAUSES OF DEATH

Primary

Pertussis(8)

How long

3 weeks

Immediate

Menigitis

How long

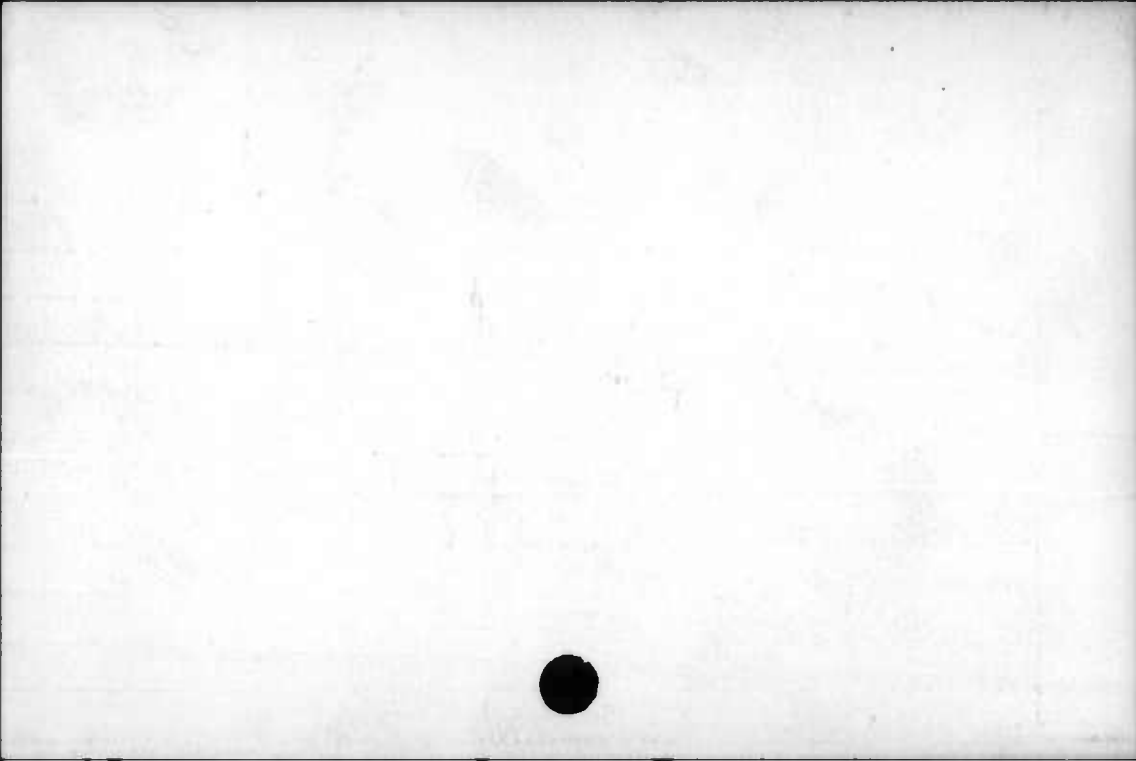
10 daysAre the name, age, sex, color, date  
and place correctly given above?YesSignature of  
PhysicianEdwin J. Dirickson

Address

Berlin Md

Accident or Suicide?

X XPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Tingle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Snow Hill		<sup>County</sup> Worcester		MARYLAND	
Date of death	1907	Month	June	Day	30
Age	107	Years	107	Months	6
Sex	Female	Color or Race	Negro	Birth-place	Newark, Md
Occupation	Cook	Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	George Tingle		
Father's Name	Marcus Hammers	Father's Birthplace	Newark, Md		
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown		
Name of person giving information	Wm R. Govin	How related to deceased	Son in Law.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility	How long	4 mos
Immediate	Gangrene	How long	3 mos
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John L. Riley.
		Address	Snow Hill, Maryland.
Accident or Suicide?			

